

| ISSUE CLASSIFICATION | |
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| Class | Subclass |

PATENT NUMBER

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U.S. UTILITY Patent Application

O.I.P.E.

PATENT DATE

SCANNED

HKM 4/10/04

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|------------------------------|-----------------|--------------|-------------------|------------------|---------------------|
| APPLICATION NO. 09/960175 | CONT/PRIOR D | CLASS 623 | SUBCLASS 23.22 | ART UNIT 3732 | EXAMINER Pridgen |
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APPLICANTS

Daniel Hayes
Alfred Despres

TITLE

Modular prosthetic component with improved body shape

PTO-2040
12/89

ISSUING CLASSIFICATION

| ORIGINAL | | | | | CROSS REFERENCE(S) | | | | | | | | | | |
|------------------------------|--|----------|--|--|--------------------|-----------------------------------|--|--|--|--|--|--|--|--|--|
| CLASS | | SUBCLASS | | | CLASS | SUBCLASS (ONE SUBCLASS PER BLOCK) | | | | | | | | | |
| INTERNATIONAL CLASSIFICATION | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> TERMINAL DISCLAIMER | DRAWINGS <div>Sheets Drwg.</div> <div>Figs. Drwg.</div> <div>Print Fig.</div> | | CLAIMS ALLOWED <div>Total Claims</div> <div>Print Claim for O.G.</div> | |
| | | | | |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed. | <div>_____ (Assistant Examiner) _____ (Date)</div> <div>_____ (Primary Examiner) _____ (Date)</div> | | NOTICE OF ALLOWANCE MAILED <div>_____</div> | |
| | | | ISSUE FEE <div>Amount Due</div> <div>Date Paid</div> | |
| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ <div>_____</div> <div>_____</div> | | | | |
| <input type="checkbox"/> The terminal _____ months of this patent have been disclaimed. | <div>_____ (Legal Instruments Examiner) _____ (Date)</div> | | ISSUE BATCH NUMBER <div>_____</div> | |

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